



REIMBURSEMENT REQUEST

Name: _____ Dept.: _____

Address: _____

Mileage _____ miles @ .56¢ per mile \$ _____

Items Purchased	Price	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other (dues, gas, postage, etc.)

_____	_____	_____
_____	_____	_____

TOTAL REIMBURSEMENT \$ _____

FUNDING SOURCE(S)/ACCOUNT NUMBER(S)	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

APPROVAL SIGNATURES	DATE
EMPLOYEE:	_____
SUPERVISOR:	_____
FINANCE DIRECTOR:	_____
Attach receipts for all requested reimbursements.	_____